

Medical Report

The TEXTure of PAIN & the PATieNt's TEXT

This POSTER illustrates, semiotically, an **intertextual journey of a painful subject** & a painful subject matter - form and content related.

- This **TEXT (you are reading)** illustrates the **creative imperative effort** required to give meaning to the injured **wor(l)ds**, of a suffering individual, and an ill society
- The urgent need to find or **better L** for more connections, beyond the apparent – **HEARD or SEEN - text or knowledge** cannot be **STRESSed ENOUGH**.

DEAR Mr/Mrs VIEWER

The **PATieNt** – the **BEARER OF PAIN**, is forced back into the painful experience, which s/he must try order into some kind of patterned narration. This **PAINful** narrative lacks, too often, an inherent order & an apparent meaning, even to the **PATieNt**. Yet, despite this double burden, the **PATieNt** must **speak out**: In order to find **remedy/relief**, and to someone (the **PATieNt's preferable READER**) who can provide meaning /relief.

OBJECTIVES: Interpreting & texturing the **damaged tissue-**"TEXTus" by first **SIGN**aling pain through:
1. the **brain** by its Aδ & C fibers **2.** the **PATieNt** by its fibers/ words.

RePAIRing the **damaged tissue/text & pairing the writer/reader in a vital essential dialogue**

MAIN COMPLAINT: To comprehend THE **damaged TEXTure** of pain which **lies*** in the **PATieNt's TEXT**, we must acknowledge the special position of s/he whom is **seARChing** for a cure - and be creatively attentive to the (im)possibilities of language, the unspeakable and amorphous PAIN & its effect on the process of narration

BACKGROUND:

The **PATieNt** is the **WRITER**
the weaver of (words of) PAIN into a TEXT



The **Physician** is **THE READER**
The **PREFERABLE** & Chosen **TRANSLATOR** of the PAIN



A **WORD** like a **NEURON** POSSESSES (in some way) certain features in different lines of **TEXT** or **NEURAL** pathways.

Text are the loci where sense is produced . Thus TEXT-URING THE PAIN-damaged tissue (via words via neurons) is the first act of trying to put SENSE into the IRRATIONAL, at times, inexplicable PAIN.

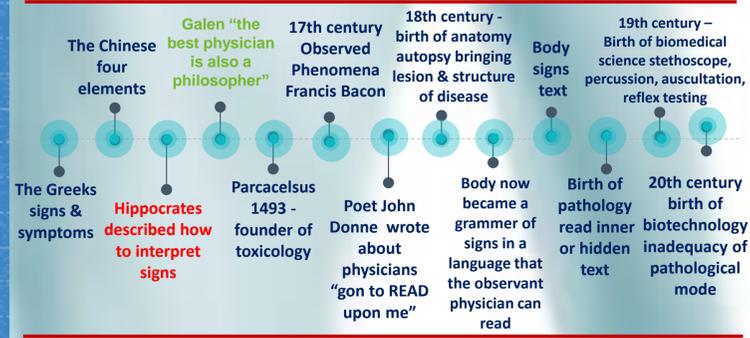


This takes us back to the roots of western medicine. **Asclepius** god of healing and patron of the artist was the first to reconcile between the two antithetic elements of the body. His job was to cure both sides in man **RATIONAL & IRRATIONAL**



The physician is the **READER** – the **PREFERABLE** & chosen interpreter of the painful message **LYING** in the **PATieNt's** text.

HISTORY



TEXTuring the **PAIN** into a coherent narrative demands the communication between **art & medicine, writer (patient) & reader (doctor)**. Right and Left Hemispheres. This important connection and **inevitable need of the TWO (many more other pairs)** can not be stressed enough.

The **joint responsibility** is the source of the possible cure and relief. Stressing the **IMPORTANCE** of the **READER / PHYSICIAN** who is willing to take **RESPONSIBILITY** and **commit**.

WRITER / PATIENT

- **PAIN** = Unpleasant Sensory & Emotional Experience
- **PERCEPTION / DISTORTION** of pain may distort its articulation
- **INTERTEXTuality** -the shaping of a text's meaning by other texts. the reader's prior knowledge and understanding adds layers and depths to the writer's text.
- **KRISTOF'S** - text & words are hard & rigid with underlying meaning.
- **WITTGENSTEIN**- Pain is part of the person and is a cry which can be thought of as a **PREPOSITION**.
- **METAPHORS:** Individuals live by metaphors
- PAIN may be **PRIVATE** or **PUBLIC** -Wittgenstein/Engel
- **Cognitive linguistic** - refers to understanding of one idea in terms of another. - Subjective / Behavioral
- **Experience**
- Pain - **influenced** by considerable variables
- **WRITERS WORDS MODIFIED**

READER / PHYSICIAN

- "**TEXTURE**" – Tracing the word of the writer through the **WOVEN** pathway
- **Fantasy, Modification, the Individualization**
In 1968, **Norman Holland** - Each reader interjects a fantasy "in" the text, then modifies it by **defense mechanisms** into an interpretation.
 - The Privilege** of practitioner to enter the Secret Garden of the Self - William Carlo
 - Understander** - to understand the literary experience or the meaning of a text, one must look into the processes readers use to create that meaning and experience
 - THE UNIFORMIST** - **Wolfgang Iser** exemplifies the German tendency to theorize the reader and so position a uniform response. In his model, the text controls. The reader's activities are confined within limits set by the literary work
 - Reader / Response Critics** - the text doesn't exist.
 - to explore someone's literary experience, one must ask the someone, not pore over the text.
 - one can understand a text while remaining immune to one's own culture, status, **personality**, and so on, and hence "objectively".
 - the literary work controls part of the response and the reader controls part
 - the work is being written specifically for the reader. ('artworks' are fabricated only to generate a reader response)
 - The reader has no ground to evaluate the 'artwork' as the artwork is senseless
 - **Dialectic** process of production and reception
readers have a certain mental set, a "horizon" of expectations (Erwartungs horizont) , from which perspective each reader, at any given time in history, reads.
 - Metaphore** captures two important characteristics of medical relationships
 - Accent the autonomy of patient and physician (autonomy how then a relationship. Each side must see other side) Burberian dialogue

Process occurring over time not a single moment.

□ The **PATieNt /writer** is human, fearful & hopeful, seeking relief, help, and reassurance".
S/he- the **PATIENT**-addresses a **PHYSICIAN**. We address Him/HER as the **READER**. The preferable interpreter of The **PATieNt's/** text- the text of pain

□ The **preferable READER/ PHYSICIAN** must expand his borders and **step (beyond)** into other conTEXTs **WHILE NOTICING* CAREfully** and **SENSITIVELY** the variable effects of pain on the process of narration.

□ The **NEED** for **TWO PARTICIPANTS** IN THIS ACT of **transmission** and **interpretation** leads to the double **cerebral mediators** of **PAIN**; THE **TWO** main **neuro transmitters** involved in the modulation of **pain SIGN- aling.**, thus to an **analogy** between the **subjective wor(l)d** and **neurons** and between one **SIGNifying system** to another, emphasizing yet another vital dialogue between **neurology & linguistic, biology & psychoanalysis, philosophy & medicine** (just to mention a few...)

□ **Language** shall be **EXPLOITED** in the struggle (for relief/cure), also, to reveal and give voice & form to the **UNSPEAKABLE** ,amorphous **TEXTure** of **PAIN**
The **creative effort** **Binds** the **WRITER & READER, words &neurons, art & medicine, psyche & body.**

□ Words, as neurons, must carry the burden, of a **PAIN-ful** message, also to **ARTiculate, SURELY TO UNDERSTAND OR DECIPHER.** hopefully to be cured

□ **THE (need for) MULTIFACETTE DIALOGUE** expands ,as should the **READER'S horizons.** **Between Eco's logic of interpretation** -similar to the logic of a detective's investigation to derive provable conclusions and **Valéry's "Dare to do all you can" one needs to REGARD/ acknowledge one's borders and the possibilities, of stretching or even crossing them ,always, in light of the originally intended bORDER-** **DO no harm (Hippocrates).**

KONNER " PLEASE SEE MY NEED", Dare to DO all YOU can (Valery) & Do no harm (Hippocrates)